

**First-tier Tribunal  
Health, Education and Social Care Chamber  
(Mental Health)**

**Form P10 - Application for permission to appeal (Rule 46)**

Notes for guidance are available which explain how to complete the application for permission to appeal. Please read them carefully before you complete the form.

**Section 1  
Details of the applicant(s)**

Name

Tel:

Fax:

Email:

Address

**Applicant's or applicant's solicitors' address to which documents should be sent**

Name

Tel:

Fax:

Email:

Address

**Section 2**  
**Details of the decision to be appealed**

Decision

Date of decision

**Section 3**  
**Permission to proceed with an appeal**

I am seeking permission to appeal

Are you making an application for an extension of time? ☐ Yes ☐ No

If Yes set out the reasons in the box below why the application was not provided in time

#### **Section 4**

##### **Detailed statement of grounds**

Set out below ☐ Attached ☐

#### **Section 5**

##### **What outcome are you seeking?**

Are you asking the Tribunal to suspend the effect of its own decision pending an appeal or review of its decision under Rule 5(3)(I) ☐ Yes ☐ No

If Yes set out the grounds in the box below

**Section 6**  
**Statement of facts relied on**

## Section 7

### Supporting documents

If you do not have a document that you intend to use in support of your claim, identify it, give the date when you expect it to be available and give reasons why it is not currently available in the box below.

Please tick the papers you are filing with this application and any you will be filing later.

- |   |                                   |                                   |
|---|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Statement of grounds   | <input type="checkbox"/> included | <input type="checkbox"/> attached |
| <input type="checkbox"/> Statement of facts relied on   | <input type="checkbox"/> included | <input type="checkbox"/> attached |
| <input type="checkbox"/> Application to extend time limit for filing                                      | <input type="checkbox"/> included | <input type="checkbox"/> attached |
| <input type="checkbox"/> Application for directions   | <input type="checkbox"/> included | <input type="checkbox"/> attached |
| <input type="checkbox"/> Any written evidence in support of the application or application to extend time |                                   |                                   |
| <input type="checkbox"/> A copy of the Tribunal's decision  |                                   |                                   |
| <input type="checkbox"/> Copies of any documents on which the applicant proposes to rely                  |                                   |                                   |
| <input type="checkbox"/> Copies of any relevant case law  |                                   |                                   |
| <input type="checkbox"/> A list of essential documents for advance reading by the Tribunal                |                                   |                                   |

Reasons why you have not supplied a document and the date when you expect it to be available:

Dated:

Signed:

Applicant (or applicant's solicitor)

For Tribunal use only	
Tribunal Ref. No.	
Date filed	